

**HAWLEMONT REGIONAL SCHOOL DISTRICT  
SCHOOL OF CHOICE APPLICATION  
2023 – 2024 SCHOOL YEAR**

**Student:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone: (day)** \_\_\_\_\_ **(late afternoon)** \_\_\_\_\_

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**Which grade will your son/daughter be entering?** \_\_\_\_\_

**Name of school your child is now attending:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How did you hear about our school (Please circle all that apply)?**

**Friend/Family   Newspaper Ad   Radio Ad   Other** \_\_\_\_\_

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**Please return this application to the address below or contact Karen Totman at 413-625-0192 extension 1010. Thank you!**

**School Choice Program – Attention Karen Totman  
Hawlemont Regional School District  
24 Ashfield Road  
Shelburne Falls, MA 01370**

(For Office Use Only)

\_\_\_\_\_ **Applicant Approved**

\_\_\_\_\_ **(Principal Signature)**

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